Texas Ethics Commission	P.O. Box 12070 Austin, Texas 78711-2070	(512)463-5800 1-800-325-8506
-	TE/OFFICEHOLDER N FINANCE REPORT 5761	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	Guide explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR =IRST / ODB	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	Date Received 7807
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Charge of Address:	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 205 SQLOLS LUN AUST.N TX 18784	Date Hand-delivaried of Date 20stmarked TH XX
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (SIV) 861-433	Receipt # Amount D
6 CAMPAIGN TREASURER NAME	MS; MRS; MR FIRST JOHN NICKNAME LAST RICHARDSON SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE.	17 TX 78158
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (SV2) SY6-5265	
9 REPORTTYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Altach CrOH - FR)
10 PERIOD COVERED		9ay Year . / 04
11 ELECTION	ELECTION DATE Moran Day Year Primary Runoff	General Special
12 OFFICE	CFFICE HELD IN any) 13 OFFICE SOUGHT (4	knownj
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the Candidates are required to disclose this information only if they receive notification of the Name	
additional pages	Acdress / PO Box: Apt. / Sude #: City: State. Zip Code	
}	00 70 04 05 0	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			,
15 C/OH NAME		16	ACCOUNT # (Ethics Commission (Fers)
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidates If they receive notice of such expenditures	a / officenolder. These expenditures and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
-	GENERAL	COMMITTER ADDRESS	
Į.	SPECIFIC	•	
add:tional pages		COMMITTEE CAMPAIGN TREASURER NAME	
i	<u>:</u> -	COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS), UNLESS ITEMIZED	\$
	l	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,000
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	-;
	4. TOTAL	POLITICAL EXPENDITURES	\$ 15,502
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 💋
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
19 AFFIDAVIT	<u> </u>		
Non	TRICIA I. CRAMER ary Public, State of Texas My Commission Expires EBRUARY 10, 2006		
AFFIX NOTARY STAN	1P / SEAL ABOVE	Signature of Candida	ate or Officeholder
Sworn to and subscr		the said Todd Radford	this the day
of July	20 <u>04</u> . to ce	ertify which, witness my hand and seal of office.	
Signature of officer a	dministering oath	Printed name of officer administering oath Title	of officer administering oath

	- · 		
Texas Ethics Co	mmission _P.O. Box 12070 Austin, 7	rexas 78711-2070 (512	2) 463-5800 1-800-325-8506
POLITI	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	(0.12	SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.	1 Total page	s Schedule A:
2 FILER NAM	E TODO RADFORD	3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDR. Out-of-state PAC (contribution	
9 Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Date 312	Full name of contributor Dout-of-state PAC (ID#:	Amount of contribution	(\$) description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Oate 3/2	Full name of contributor Cut-of-state PAC :10* ANTONIO WEHNES Contributor address: City: State: Zip Code LLoZ E. 744 AUSCIN 10 18702	Amount of contribution	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Date 3/12	Full name of contributor Oct-of-state PAC (ID#	Amount of contribution	
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor Tout-of-state PAC (10#) Amount	of In-kind contribution

Amount of contribution (\$)

In-kind contribution description (if applicable)

J. GRANT

8705

Clonice City; State: Zip Code

SWAL LROOK #109

5000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Co	mmission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463	3-5800 1-800 - 325-8506
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	S		SCHEDULE A
The Instruction	אס Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAM	E		3 ACCOUNT # (Et	ncs Commission filers)
4 Date	5 Full name of contributor Gull-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	1201 BEE CAVES #3 AUSTIN 18 78		;	{
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1209 LANGERM M. LANGERM TX 18124		500.	
Principal occi	upation / Job title (See Instructions)	Employer (See In:	structions)	
Dale 1\4	Full name of contributor Contributer Contributor address; City: State: Zip Code US Lilia #	9	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation / Job fitle (See Instructions)	Employer (See In:	structions)	<u> </u>
Date	Full name of contributorout-of-state PAC (ID#: Contributor address: City: State, Zip Code	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Contributor Contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	:] [
Principal occ	upation / Job tille (Soe Instructions)	Employer (See In	structions)	
If cont	ATTACH ADDITIONAL COPIES	•		ìng requirements.

POLITICAL EXPENDITURES		SCHEDULE F
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2 FILER NAME 1000 RONORO	<i>l</i> o	3 ACCOUNT ≠ (Ethics Commission filers)
4 Date 5 Payee name A D LNNW	arions	7 Amount (\$)
	i: Zip Code SK (LOZA)	500.
8 Purpose of payment (See instructions regarding type of in required.) Aware Co	formation 9 ·· Comple Candidate / Officeh	te if direct expenditure to benefit C/OH •• older name Office sought Office next
Date Payee name		Amount (\$)
게상 Payee address: City; State 3217 N	2ip Code ZU35 To 78722	2500.
Purpose of payment (See instructions regarding type of in	formation • Comple	
required.) MQILER	Candidate / Office!	older name Clice sought Cffice held
Payee name MACK Payee address: City; State P.O. Box KUE, TA	ANAUSIS 539 78640	Amount (\$)
Purpose of payment (See instructions regarding type of in required.) NEWDINGALALIA ANAUSIS	Candidate / Officer	ete if direct expenditure to benefit C/OH ** nolder name Office sought Cffice need
Date Payee name	Deer	Amount (\$)
3 8 Payee address: City; Stat	e. zip Code m 620 S. ava, TX 78738	58.22
Purpose of payment (See instructions regarding type of in required.)	oformation - Compa	ete if direct expenditure to benefit C/OH ·· ·
SIRN ZINEE	Candidate / Office	olider name Office sought Office held
ATTACH ADDITIO	NAL COPIES OF THIS FORM	AS NEEDED

-	POLITIC	CAL EXPENDITURES			SCHEDULE F
	The Instruction	Guide explains how to complete this form.		1 Total pages S	ichedule F:
2	FILER NAME	1000 RADEORD		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Payee name CUELLMARK			7 Amount (\$)
	3/1	6 Payee address; City: State: Zip Code 5211 LL. TH35 AUSTA TX 18122			2741.67
_	Purpose of pay required.)	ment (See instructions regarding type of information	9 ··· Complete if di Candidate / Officeholder	•	D benefit C/OH ** Since sought Office held
	Date	Payee name WOLLEY PLINTN	(q		Amount (\$)
	31L	Payee address: City; State; Zip Code 5217 N. ZH35 AUSTN 147812	ı		338. 82
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if d Candidate / Officenolder	irect expenditure to	o benefit C/OH ** Affice sought Office held
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		3217 N I435 AUSTIN TX 7	_{ชาว} า		2,
	Purpose of pay required.)	vment (See instructions regarding type of information	•• Complete if d Candidate / Officeholder	irect expenditure t	g benefit C/OH Office sought Office nea
	Date	Payee name Time Warner	Corsie		Amount (\$)
	312	Payee address: City: State: Zip Code inoin N. Molac Ausna & 18759			5984.00
	Purpose of pa required.)	yment (See instructions regarding type of information TV Committion he Time	•• Complete if d Candidate / Officenoider	lirect expenditure name	o benefit C/OH ↔ Office sought Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS I	NEEDED	

	POLITIC	CAL EXPENDITURES			SCHEDULE F
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	The Instruction	Guine explains how to complete this form.		1 Total pages	Schedule F:
2	FILER NAME	Long Dankows		3 ACCOUNT	# (Ethics Commission filers)
4	Date	5 Payee name Rick Bailey			7 Amount (\$)
	3/25	6 Payee address; City: State: Zip Code			500.
		AUSTIN TX 7			
8	required.)	ment (See instructions regarding type of information AMIAIUN MAJOUEL FAL	9 ··· Complete if di Candidate / Officeholder o	•	to benefit C/OH Office sought Office held
	_	SHOULD LIGHT BEARED FEEL	_		
	Date	Payee name			Amount (\$)
 	7/1	Payee address: City: State: Zip Code			50D.
		AUSTIN TX 78	722)
r	Purpose of pay required.)	ment (See instructions regarding type of information	Complete if d		to benefit C/OH
		SUAN FLYER FEE BALANCE	Candidate / Officeholder	name	Office sought Uffice held
F-	Date	Payee name			Amount (\$)
		Payee address; City; State; Zip Code			
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		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS I	NEEDED	

C/OH REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

See C/CIM					
	I Instruction Booklet for de		Jonadii		
** Compi	ete omy ii Report Type	on C/OH page 1 is marked "Final I	report		
1 C/OH N	IAMF .			1:	ACCOUNT#
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	1000	EX CX CVAV		i	
3]				<u>.</u>	
	DATE / OFFICEHOLDE	R ·			
OA.10.	DATE: 011 102110252.	· · · · · · · · · · · · · · · · · · ·			
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rontri	ibutions or make any camo:	aign expenditures without a campai	on treasurer appointme	nt on file.	or accept any campaign
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			(Jana A L	VICOLO
				THE WORLD	cogo .
			-	Signature of Cand	idate / Officeholder
				organizate or outle	wate a buildenonder
				·	
4				-	
CANDI	DATE	•			
Comp	ilete A & B below <i>only</i> if you	are a candidate and not an officehold	ser ↔		
		• •			
A.	CAMPAIGN FUNDS				
Check	conty one:	•			
ΙΔί	I do not have unexpende	d contributions or unexpended inter	est or income earned fr	rom political contri	ibutions.
/					
	I have unevended contr	ibutions or unexpended interest or i	neeme somed from not	itical contributions	. 1 undomined that I may
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